

## **Alcohol and psoriasis for the dermatologist – Know, Screen, Intervene**

Short running head: Alcohol and psoriasis

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Supplementary table 1 – CAGE (Cut down, Annoyed, Guilty, Eye-opener) questionnaire [1]

1	Have you ever felt you ought to cut down on your drinking?
2	Have people annoyed you by criticising your drinking?
3	Have you ever felt bad or guilty about your drinking?
4	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eyeopener)?

\*If a patient answers yes to two or more questions, alcohol misuse should be considered.

Supplementary table 2 – AUDIT-C (alcohol use disorders identification test – concise)  
questionnaire [2]

	0	1	2	3	4
How often do you drink containing alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

\*If a patient scores 5 or more then they should proceed to the longer version of the AUDIT tool (Supplementary table 3).

Supplementary table 3 – AUDIT (alcohol use disorders identification test) questionnaire [3]

	0	1	2	3	4
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

night before because you had been drinking?					
Have you or somebody else been injured as a result of your drinking?	No		Yes but not in the last year		Yes during the last year
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes but not in the last year		Yes during the last year

\* A score of 0 – 7 indicates a lower risk of alcohol dependence suggesting positive reinforcement of recommendations on alcohol consumption. If a patient has a score of 8 – 15, this suggests increasing risk requiring a brief intervention and strategies to reduce alcohol consumption. A score of 16 – 19 puts a patient at higher risk requiring more extended intervention and referral to counselling. If a patient scores 20 or higher, this suggests alcohol dependency requiring referral to specialist addiction services.

## References

1. Ewing JA. Detecting alcoholism. The CAGE questionnaire. JAMA. 1984 Oct 12;252(14):1905-7.
2. HSE. AUDIT-C Screening Tool. Health Service Executive. 2017. Retrieved from <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/national-addiction-training/alcohol-and-substance-use-saor/audit---c.pdf>.
3. HSE. AUDIT Screening Tool. Health Service Executive. 2017. Retrieved from <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/national-addiction-training/alcohol-and-substance-use-saor/audit-final.pdf>.